STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED (X4) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED (X4) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPL	DEPARTMENT OF HEALTH CENTERS FOR MEDICARE		45	A 3	3/13//	FOR	ED: 01/31/20 RM APPROVE IO. 0938-039
MABEY PEALTH CARE MABRY HEALTH CARE SUMMARY STATEMENT OF DEFICIENCIES GAINESBORO, TN 38582	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA						
MABRY HEALTH CARE MABRY HEALTH CARE		445272	B. WING		·	01/25/2011	
K 223 NFPA 101 LIFE SAFETY CODE STANDARD SS=D Smoke barriers are provided to form at least two smoke compartments on every sleeping room floor for more than 30 patients. 19.3.7.1, 19.3.7.2 This STANDARD is not met as evidenced by: Based on observation within the command and exiting the smoke barriers are required. The findings included: On 1/25/11, at 11:30 a.m., observation within the Director during the exit interview on 1/25/11. NFPA 101 LIFE SAFETY CODE STANDARD The finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 1/25/11. NFPA 10.1 LIFE SAFETY CODE STANDARD This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined, the facility failed to maintain the smoke wall between the janitor room and resident room A-1. National Fire Protection Association (NFPA) 101, 8.3; 19.3.7.3 The finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 1/25/11. NFPA 101 LIFE SAFETY CODE STANDARD This STANDARD is not met as evidenced by: Based on observations during the survey it was determined, the facility failed to maintain the commercial cooking equipment as required. The findings include: On 1/25/11, at 12:05 p.m., observation within the clietary area revealed three of the pilot lights on		el el	5	1340 N GRL	INDY QUARLES HWY P D B	7 XC	
SSED Smoke barriers are provided to form at least two smoke compartments on every sleeping room floor for more than 30 patients. 19.3.7.1, 19.3.7.2 This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined, the facility failed to maintain the smoke barriers as required. The findings included: On 1/25/11, at 11:30 a.m., observation within the 'A' hall jamitor room revealed there was a penetration in the smoke wall between the janitor room and resident room A-1. National Fire Protection Association (NFPA) 101, B.3; 19.3.7.3 The finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 1/25/11. K 069 This STANDARD is not met as evidenced by: Based on observations during the survey it was determined, the facility failed to maintain the 'A' hall jamitor rooms revealed there was a penetration in the smoke wall between the janitor room and resident room A-1. National Fire Protection Association (NFPA) 101, B.3; 19.3.7.3 The finding was acknowledged by the Maintenance Director during the exit interview on 1/25/11. K 069 This STANDARD is not met as evidenced by: Based on observations during the survey it was determined, the facility failed to maintain the commercial cooking equipment as required. The findings include: On 1/25/11, at 12:05 p.m., observation within the dietary area revealed three of the pilot lights on	PREFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	: (EA	CH CORRECTIVE ACTION SHO S-REFERENCED TO THE APPR	ULD BE	COMPLETION DATE
This STANDARD is not met as evidenced by: Based on observations during the survey, it was determined, the facility failed to maintain the smoke barriers as required. The findings included: On 1/25/11, at 11:30 a.m., observation within the 'A' hall janitor room revealed there was a penetration in the smoke wall between the janitor room and resident room A-1. National Fire Protection Association (NFPA) 101, 8.3; 19.3.7.3 The finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 1/25/11. NFPA 101 LIFE SAFETY CODE STANDARD SSSE This STANDARD is not met as evidenced by: Based on observations during the survey it was determined, the facility failed to maintain the commercial cooking equipment as required. The findings include: On 1/25/11, at 12:05 p.m., observation within the dietary area revealed three of the pilot lights on	SS=D Smoke barriers are smoke compartmen floor for more than 3	provided to form at least two ts on every sleeping room	K 02	Step I	affected by the practice. Deficiency found to be in a Hall Janitor room. Maintenance Supervisor or designee or housekeeping employees are to put on repair and requisition book immediately, so Maintenan		
	Based on observation determined, the facilities smoke barriers as read The findings included On 1/25/11, at 11:30 'A' hall janitor room repenetration in the smoom and resident room and resident room repenetration Association. The finding was acknown Administrator and ver Director during the exported for the finding state of the finding facilities are with 9.2.3. 19.3.2.6 This STANDARD is replaced in the facility commercial cooking exported the facility commercial cooking exported for 1/25/11, at 12:05 production of the findings include: On 1/25/11, at 12:05 products as revealed in the findings include:	ans during the survey, it was ity failed to maintain the equired. d: a.m., observation within the evealed there was a loke wall between the janitor om A-1. National Fire in (NFPA) 101, 8.3; 19.3.7.3 lowledged by the rified by the Maintenance dit interview on 1/25/11. ETY CODE STANDARD protected in accordance, NFPA 96 lot met as evidenced by: is during the survey it was by failed to maintain the equipment as required.		Step 3	No residents were affected. The deficient practice was isolated and repairs were done immediately. Housekeeping employees ar to write a repair requisition for maintenance Supervisor to make any and all repairs housekeeping employees in: so this deficient practice will Maintenance Supervisor or dwill check locked janitor roo halts on a monthly basis. Effectiveness will be evaluated Maintenance Supervisor or designee. Visual inspection monitoring of all looked janitor rooms will be done by the Maintenance Supervisor or designee to that this deficient practice will rectur.	serviced I not recur. lesignee ms on all ed by	(XB) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LA

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
		445272	B. WIN	3		01/	25/2011
	PROVIDER OR SUPPLIER HEALTH CARE			1340 N GRL	ESS, CITY, STATE, ZIP CODE INDY QUARLES HWY P O BC DRO, TN 38562)X 7	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EA	ROVIDER'S PLAN OF CORRECT CH CORRECTIVE ACTION SHOU S-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
K 069	National Fire Protect The finding was acking Adminstrator and veri	king equipment were not on. tion Association (NFPA) 96	K Of	Step 2 Step 3	No residents found to be affected. Dietary employers in serviced to write up repair requisition immediately for any and all equipment that is not functioning properly. No residents were affect Dietary Manager, Dietic designee, to inspect equiparties designee, to inspect equiparties of the designee of the designee with the dietary employees are to write up a repair requisition and monitor and equipment is not function properly for the Maintena Supervisor to address and Maintenance Supervisor winspect and monitor all equipment in the Dietary Department weekly to monthly basis. The Dietary Manager, Diet designee will monitor and all equipment in the Dietary Department on a daily basi Maintenance Supervisor will monitor and inspect all equipment in the Dietary Department on a weekly to monthly basis.	icd. ian, or ipment on the sipment monthly s in ir properly on ting nce repair. vill uipment on a tician or inspect y s. The	1/25/20]]
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